

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
2059737
APPLICANT(S)

FILING DATE

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3	1						53					
4	1						54					
5		1					55					
6	1						56					
7		1					57					
8	1						58					
9	1						59					
10		1					60					
11	1						61					
12		1					62					
13	1						63					
14	1						64					
15	1						65					
16		1					66					
17	1						67					
18		1					68					
19	1						69					
20	1						70					
21		1					71					
22	4	4	10				72					
23	4	4	10				73					
24	1						74					
25	1						75					
26	1						76					
27		1					77					
28	1						78					
29		1					79					
30		1					80					
31		1					81					
32		1					82					
33		1					83					
34		1					84					
35		1					85					
36	1						86					
37		1					87					
38		1					88					
39		1					89					
40		1					90					
41		1					91					
42	1						92					
43	1						93					
44	1						94					
45		1					95					
46	1						96					
47		1					97					
48							98					
49							99					
50							100					
TOTAL IND.	21		21				TOTAL IND.					
TOTAL DEP.	26		32				TOTAL DEP.					
TOTAL CLAIMS	27		53				TOTAL CLAIMS					